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CONFIRMATION NO. 5170

<b>SERIAL NUMBER</b> 10/701,207	<b>FILING OR 371(c) DATE</b> 11/04/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> INST482CON2
<b>APPLICANTS</b> Luis A. Diaz, Yabucoa, PR; David Hershberger, Kalamazoo, MI; Michael Strickler, Richland, MI; Jason Dee Toman, Portage, MI; Donald W. Malackowski, Schoolcraft, MI; Richard Franklin Huyser, Kalamazoo, MI; <i>Six PS</i>				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/083,266 02/23/2002 PAT 6,679,862 which claims benefit of 60/271,187 02/23/2001 <i>Yes PS</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>No PS</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/20/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>PS</i> Examiner's Signature <i>PS</i> Initials <i>PS</i>		<b>STATE OR COUNTRY</b> PR	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 23
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 51017				
<b>TITLE</b> Integrated medication delivery system				
<b>FILING FEE RECEIVED</b> 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	